x 84

+ 280

TOTAL

\$

\$ 750

<u>OR</u>

<u>OR</u>

<u>OR</u>

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

OLIFF & BERRIDGE, PI	rc				Attorney Do	cket No.:	116778		
P.O. Box 19928 Alexandria, Virginia Telephone: (703) 836-						Date:	August 5,	2003	-
Facsimile: (703) 836-2				MAIL ST	<u>OP PATEN</u>	T APPL	<u>ICATION</u>		
Customer Number:	25944	NO	NF	PROVISION	AL APPLIC RULE §1		TRANSMI	TTAL	
Commissioner for Pater P.O. Box 1450 Alexandria, VA 22313					KOLE 91	.55(0)		26°5	
Sir:								D (C	
Transmitted herewith for	or filing under 37	C.F.R. §1.53(b) is the 1	non	provisional p	atent applica	ation		3917	
For (Title):	SEWING APPA	RATUS WITH NEED	LE	BAR POSIT	ION CHAN	GING CO	ONTROL		
By (Inventors):	Kaoru SAKAKIBARA, Akira KAIYA								
Use Figure A Declaration ar This application (A Preliminary A This patent appli The execute An Information Entitlement to so A Preliminary A Priority of foreig A certified This application the invention di country, or unde	for front pand Power of Attornations benefit of Amendment is attaited ication is assigned at Assignment is filled an application No. copy of the above is NOT to be published in this application this application this application are a multilateral introduced in the calculated below:	ent is filed herewith. s hereby asserted. herewith. 2002-228444 filed Au corresponding foreign lished under 35 U.S.C oplication has not been ternational agreement,	igu: ap	in the Specification(s) is 12(b). The unit of will not be	Lapan is clair filed herew ndersigned a subject the subject to the	med (35 lith. ttorney o	U.S.C. §119) or agent herebapplication f	by certifies th	at er
ANY PRELIMINARY						OTHER THAN A SMALL ENTITY			
FOR:	NO. FILED	NO. EXTRA		RATE	FEE	<u>OR</u>	RATE	FEE	
BASIC FEE	* *			- *	\$ 375	<u>OR</u>	: .	\$ 750	
TOTAL CLAIMS	7 - 20	= 0*		x 9=	\$	<u>OR</u>	x 18	\$	

Check No. 144917 in the amount of \$750.00 to cover the filing fee is attached. Except as otherwise noted herein, the Commissioner is hereby authorized to charge any other fees that may be required to complete this filing, or to credit any overpayment, to Deposit Account No. 15-0461. Two duplicate copies of this sheet are attached.

0*

3 - 3

☐ MULTIPLE DEPENDENT CLAIMS PRESENTED

* If the difference is less than zero, enter "0".

Respectfully submitted,

James A. Oliff

x = 42 =

+ 140 =

TOTAL

\$

\$

Registration No. 27,075

Thomas J. Pardini Registration No. 30,411

INDEP CLAIMS